



# Information Bulletin for Primary Care Network Providers



April 2006

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### Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is available on-line. There is a link to the PCN Manual on the Medicaid Provider's web site: <http://health.utah.gov/medicaid/provhtml/provider.html>. The link is at the bottom of the Provider's web page. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line.

**This bulletin is available in editions for people with disabilities.**

**Call Medicaid Information:  
538-6155 or toll free 1-800-662-9651**

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**PCN Information**  
- Salt Lake City area, call 538-6155.  
- In Utah, Idaho, Wyoming, Colorado, New Mexico,  
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Box 143106, Salt Lake City UT 84114-3106

**06 - 59 Code Requiring Manual Review** (Effective 4/1/06)

86003 Allergen Specific IgE, quantitative or semiquantitative, bill once as a panel (panel limited to 12 tests or units)

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**06 - 60 Code Non-Covered** (Effective 4/1/06)

86001 Allergen Specific IgG

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**06 - 61 Allergen Immunotherapy Testing**

Effective April 1, 2006, code 86001 – IgG Allergen specific testing will be non-covered. There is insufficient evidence that the presence or quantity of food allergen specific IgG produced as a result of normal exposure is related to allergic disease. The measurement of subclass specific IgG antibodies to foods have been inconsistent between various studies and therefore of questionable diagnostic value. The issue is still listed as controversial at the American College of Allergy and Asthma and considered investigational.

The code 86003 – Allergen specific IgE will require submission of medical record documentation to support medical necessity of IgE testing. This service should not be a screening method for allergy. Skin patch testing is the standard of care. Providers billing with code 86003 must include documentation of the history of the suspected allergy, duration, severity, results of other allergy test, and previous treatment of the disorder and an attachment to support the medical necessity of the IgE testing including at least one of the following:

- a) Direct skin testing is impossible due to infancy, extensive dermatitis or the patient has marked dermatographism.
- b) Patient is unable to discontinue medication (i.e. tricyclic antidepressant, prednisone, or beta blocker, antihistamine) that interferes with skin testing.
- c) Direct skin testing is negative despite clinical indications of an allergic condition and specific IgE tests have been determined.

The testing will be reimbursed only for testing of suspected allergens. Use as a multiple allergy screening tool is not covered. An initial allergy screen is twelve tests. Coverage will be limited to one panel with a unit limit of 12 tests. If all tests are negative, an additional testing beyond the initial 12 tests is not considered medically necessary.

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**06 - 62 Codes Authorized for Emergency Department Reimbursement**

According to the Authorized Diagnoses for Emergency Department Reimbursement list, the range 320-329 (bacterial encephalitis) is not correct. Bacterial endocarditis and brain infection extends only through code 326. Organic sleep disorders are described by codes 327-327.8. There is not an ICD-9 code currently for 328 or 329. The PCN manual will be changed to reflect the correct code range. Specific codes between 327 and 327.8 were added. The ER only list will now read:

320-326	Bacterial Meningitis
327.21	Primary central sleep apnea
327.25	Congenital central alveolar hypoventilation syndrome
327.26	Sleep related hypoventilation/hypoxemia
327.27	Central sleep apnea in conditions
327.29	Other Organic sleep apnea

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